

LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

III. TREATMENT ZONE SEASONAL SAMPLING

7. List acreage of site or cells under treatment
8. Dates of seasonal sampling April
July
Oct.
9. Total number of samples collected and analyzed April
July
Oct.

*****ATTACH SAMPLE RESULTS**

IV. MAINTENANCE

10. Date landfarm maintenance samples were performed.

Nutrients

Moisture

pH

*****ATTACH SAMPLE RESULTS**

V. AIR QUALITY

11. Has the landfarm exceeded 25 tons/year of VOCs? Yes () No ()

VI. BELOW TREATMENT ZONE (BTZ)

12. Date BTZ sampled Oct.
13. Number of BTZ samples collected and analyzed
14. Is there evidence that leaching has occurred by change in the BTZ baseline character?
Yes () No ()
15. Was the Waste Management Section notified of the change? Yes () No ()

*****ATTACH SAMPLE RESULTS**

VII. RECORDS

16. Are records being maintained which include all of the following: Yes () No ()
- ID/tracking code
 - source
 - volume
 - contaminant
 - initial concentration
 - treatment cell location
 - application date
 - treatment schedule and method (i.e. tillage frequency, nutrient additions, moisture enhancement, organic amendments, etc.)
 - sample dates
 - analyses performed
 - analytical results
 - final placement, if removed

THE ANNUAL REPORT SHALL BE SENT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY NO LATER THAN 90 DAYS FOLLOWING THE LAST YEARLY OCTOBER SAMPLING EVENT.

Send to:

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901**

*****Please Attach Copies of Analytical Results**